

Effective December 29, 1999

Application or Docket Number

642063

| CLAIMS AS FILED - PART I | | | | | | | | | SMALL | ENTITY | | OTHER | ΤΗΔΝ |
|--|---|---|--------------------------------|-----------------------------------|-------|--|--------------------------------------|----------|-------------------|------------------------|---------|---------------------|------------------------|
| | | | (Column 1) | | | (Column 2) | | | TYPE | | OR | SMALL ENTITY | |
| FOR | | | NUMBER FILED | | | NUMBER EXTRA | | | RATE | FEE | | RATE | FEE |
| BA | ASIC FEE | · | | | | | | | | 345.00 | OR | | 690.00 |
| TOTAL CLAIMS | | | | 21 minus 20 | | * | 1 | | X\$ 9= | | OR | X\$18= | 18 [∞] |
| | DEPENDENT CI | | | | | * | | | X39= | • | OR | X78= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +130= | | OR | +260= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | L | TOTAL | | OR | TOTAL | 70800 | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | 10 | OTHER | - |
| | | | umn 1) | | | (Column 2) (Column 3) | | | SMALL ENTITY | | OR | SMALL | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | ·** · . % | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | | Minus | *** | | = | | X39= | | OR | X78= | |
| | FIRST PRESE | NTATIC | ON OF MU | JLTIPLE DEI | PENE | DENT CLAIM | | | +130= | | | +260= | |
| | • | | | | | • | | L | TOTAL | | OR | TOTAL | |
| | | | | | | | | . A | DDIT. FEE | | OR, | ADDIT. FEE | |
| | h-d | | ımn 1) AIMS | | | Column 2) HIGHEST | (Column 3) | | | | | | |
| AMENDMENT B | REMAII AFTE AMENDI | | AINING TER | | PF | NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | • | RATE | ADDI- TIONAL FEE |
| | Total * | | | Minus | ** | | = , | | X\$ 9= | | OR | X\$18= | |
| | Independent | <u> </u> | | Minus | | • | = | | X39= | | OR | X78= | |
| _ | FIRST PRESE | NTATIC | N OF MU | JLTIPLE DEF | PEND | DENT CLAIM | | | 100 | | | | |
| | | • | | | | | | L | +130= TOTAL | | OR | +260= | |
| | | | | | | | | Αl | DDIT. FEE | | OR , | TOTAL ADDIT. FEE | |
| | | | ımn 1) | | | column 2) | (Column 3) | ı | | | | | |
| AMENDMENT C | <u>.</u> | REM. AF | AIMS AINING TER DMENT | | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | | Minus | ** | | = | | X\$ 9= · | , | OR | X\$18= | |
| | Independent | * | | Minus | *** | | = | | X39= | | l | X78= | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDEN | | | | | | | ├ | | | OR | 70- | |
| +130= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | OR | +260= | |
| *** | If the "Highest Nur If the "Highest Nu | mber Pre mber Pre | viously Pa | id For" IN THI aid For" IN THI | S SPA | ACE is less that ACE is less tha | n 20, enter "20." n 3, enter "3." | ΛL | TOTAL DIT. FEE | | | TOTAL ADDIT. FEE | |
| | The "Highest Num | inet Lte/ | nously Paid | u ror (lotal ol | Inde | penaent) is the | nignest number | r toun | a in the app | ropriate box | in coli | ımn 1. | |